

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)			Date of This Filing 08/16/2016	Date Stamp Page 1 of 7	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 880212	Report No. 163104-43			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814	Amendment to Report No. 001 (explain below)		
			No. of Pages 7		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
07/14/2016	California Association of Hospitals and Health Systems Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$83,333.00
07/07/2016	Banner Lassen Medical Center/ Banner Health Susanville, CA 96130 ID# 1261612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$16,853.00
07/07/2016	Beverly Community Hospital Association dba Beverly Hospital Montebello, CA 90640	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$93,940.00

*Contributor Codes

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Reason for Amendment:

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07/07/2016	Avalon Medical Development Corporation dba Catalina Island Medical Center Avalon, CA 90704	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,943.00
07/07/2016	Eisenhower Medical Center Rancho Marage, CA 92270 ID# 484302	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$283,067.73
07/07/2016	City of Hope National Medical Center Duarte, CA 91010-0269	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$376,492.05

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07/07/2016	Enloe Medical Center Chico, CA 95926 ID# 1261609	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$234,749.00
07/07/2016	Integrated Healthcare Holdings, Inc. Santa Ana, CA 92705 ID# 1306578	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$231,487.00
07/07/2016	Jewish Home San Francisco, CA 94112	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$39,397.00

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07/07/2016	Motion Picture & Television Fund Hospital Woodland Hills, CA 91364	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$42,809.00
07/07/2016	Pacific Alliance Medical Center Los Angeles, CA 90012 ID# 1229660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85,752.00
07/07/2016	Rideout Health Yuba City, CA 95991	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$159,860.00

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07/07/2016	California Association of Hospitals and Health Systems Sacramento, CA 95814 Memo Reference: PAY:F496P3:2214	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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STREET ADDRESS			<input checked="" type="checkbox"/> Amendment to Report No. 001 <small>(explain below)</small>		
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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
07/22/2016	Yes on 55 - Californians for Budget Stability, Sponsored by Teachers, Health Care Providers, Doctors and Labor Organizations Sacramento, CA 95814 ID# 1381382	Proposition 55 Statewide	\$12,500,000.00	11/08/2016

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Memo Reference: PAY:F496P3:2214
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